| PATENT APPLICATION FEE DETERMINATION RECOF  |  |                                  |                  |                                |                          |                                       |            |                    | Application or Docket Number                     |         |                     |                        |  |  |
|---|--|----------------------------------|------------------|--------------------------------|--------------------------|---------------------------------------|------------|--------------------|--|---------|---------------------|------------------------|--|--|
| Effective October 1, 2003   |  |                                  |                  |                                |                          |                                       |            |                    | 3 <del>222 =0165P</del>                          |         |                     |                        |  |  |
| CLAIMS AS FILED - PART I  |  |                                  |                  |                                |                          |                                       |            | SMALL ENTITY OTH   |  |         |                     | THAN                   |  |  |
| (Column 1) (Column 2)   |  |                                  |                  |                                |                          |                                       |            | TYPE               |  | OR      | SMALL               |                        |  |  |
| TC  | TAL CLAIMS                                     |                                  | 20               |                                | -                        |                                       |            | RATE               | FEE  |         | RATE                | FEE                    |  |  |
| FOR   |  |                                  | NUMBER FILED     |                                | NUMBER EXTRA             |                                       |            | BASIC FI           | 385.00   | OR      | BASIC FEE           | 770.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS   |  |                                  | 20 _ minus 20=   |                                | · 6.                     |                                       |            | X\$ 9=             |  | OR      | X\$18=              |                        |  |  |
| IND   | EPENDENT CL                                    | AIMS                             | / minus 3 =      |                                | 0                        |                                       | -          | X43=               |  | OR      | X86=                |                        |  |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P                     | RESENT           |                                |                          |                                       |            | +145=              |  | OR      | +290=               |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                |  |                                  |                  |                                |                          | olumn 2                               |            | TOTAL              |  | OR      | TOTAL               | 7700                   |  |  |
| CLAIMS AS AMENDED - PART II   |  |                                  |                  |                                |                          |                                       |            |                    | CALTETY.   | -       | OTHER               |                        |  |  |
|   | (Column 1)                                     |                                  |                  | (Column 2) (Column 3) HIGHEST  |                          |                                       | SMALL      |                    | ENTITY   |         | SMALL               |                        |  |  |
| AMENDMENT A   | oulzilos                                       | REMAINING<br>AFTER<br>AMENDMENT  |                  | PREVIO                         | BER<br>OUSLY             | PRESENT<br>EXTRA                      |            | RATE               | ADDI-<br>TIONAL<br>FEE                           |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total  | * 20                             | Minus            |                                | 0                        | = /                                   |            | X\$ 9=             |  | OR      | X\$18=              | 1                      |  |  |
| ME  | Independent                                    | • /                              | Minus            | ***                            | 3                        | = /                                   | 1          | X43=               |  | OR      | X86=                |                        |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                  |                                |                          |                                       |            | +145=              |  | OR      | +290=               | 7                      |  |  |
|   |  |                                  |                  |                                |                          |                                       |            | TOTA               |  |         | TOTAL               | /                      |  |  |
|   |  | (Column 3)                       | ,                | ADDIT. FE                      | E                        | ,                                     | addit. Fee |                    |  |         |                     |                        |  |  |
|   |  | (Column 1)<br>CLAIMS             |                  | (Colur<br>HIGH                 | EST                      |                                       | 1          | <del> </del>       | ADDI-  | 1       |                     | ADDI-                  |  |  |
| NT B  | ·  | REMAINING<br>AFTER<br>AMENDMENT  |                  | PREVIO<br>PAID                 | DUSLY                    | PRESENT<br>EXTRA                      |            | RATE               | TIONAL<br>FEE                                    |         | RATE                | TIONAL<br>FEE          |  |  |
| AMENDMENT   | Total  | *                                | Minus            | **                             | ron                      | =                                     |            | X\$ 9=             |  | OR      | X\$18=              |                        |  |  |
| MEN   | Ind pendent                                    | *                                | Minus            | ***                            |                          | =                                     |            | X43=               | +  | OR      | X86=                |                        |  |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL    |                                  |                  |                                |                          |                                       |            |                    | <del>                                     </del> |         |                     |                        |  |  |
|   |  |                                  |                  |                                |                          |                                       |            | +145=              |  | OR      | +290=               |                        |  |  |
|   |  |                                  |                  |                                |                          |                                       |            | TOTA<br>ADDIT. FE  |  | OR      | TOTAL<br>ADDIT. FEE |                        |  |  |
| (Column 1) (Column 2) (Column 3)  |  |                                  |                  |                                |                          |                                       |            |                    |  |         |                     |                        |  |  |
| AMENDMENT C   | •  | CLAIMS REMAINING AFTER AMENDMENT |                  | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY             | PRESENT<br>EXTRA                      |            | RATE               | ADDI-<br>TIONAL<br>FEE                           |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total  | *                                | Minus            | **                             |                          | = .                                   | lt         | X\$ 9=             |  | OR      | X\$18=              | 1.62%                  |  |  |
| Ä   | Independent                                    | *                                | Minus            | ***                            |                          | =                                     | lŀ         | X43=               | +  |         | X86=                |                        |  |  |
| ₹   | FIRST PRESENTATION OF MULTIPLE DEPENDEN        |                                  |                  |                                | CLAIM                    |                                       | <b> </b>   |                    | <del> </del>                                     | OR      | 700-                |                        |  |  |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> </ul> |  |                                  |                  |                                |                          |                                       |            |                    | <u> </u>   | OR      | +290=               |                        |  |  |
| **  | If the "Highest Nu                             | mber Previously Pa               | aid For IN THI   | S SPACE I                      | s less tha<br>s less tha | n 20, enter "20."<br>in 3, enter "3." |            | TOTA<br>ADDIT. FEI | <u> </u>   |         | TOTAL<br>ADDIT. FEE |                        |  |  |
|   | The 'Highest Nurr                              | ber Previously Pai               | id For" (Total o | r Independ                     | ent) is the              | highest numbe                         | er fou     | ınd in the a       | ppropriate bo                                    | x in co | lumn 1.             |                        |  |  |